

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16-30, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

The Regents of the University of California

Organizational Unit:

Animal Science Department

Address (give city, county, State, and zip code):

One Shields Avenue
Davis, CA 95616

Name and telephone number of person to be contacted on matters involving this application (give area code)

Frank Mitloehner (530) 752-3936

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6036494

NOV 25

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

US Environmental Protection Agency-
Region 9

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Effects of Dairy Rations on VOC, Total
Non-Ethane Organic Compounds (TNMNEOC),
and Methane Emissions from Cows and their
Waste under Controlled Conditions

13. PROPOSED PROJECT

NEW

14. CONGRESSIONAL DISTRICTS OF:

Start Date

11/1/03

Ending Date

10/31/04

a. Applicant 3

Frank Mitloehner, PhD

b. Project

3

15. ESTIMATED FUNDING:

a. Federal

\$

75,000

b. Applicant

\$

c. State

\$

d. Local

\$

e. Other

\$

f. Program Income

\$

g. TOTAL

\$

75,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Frank Mitloehner, PhD
Contracts Administrator

c. Telephone Number

530-754-7670

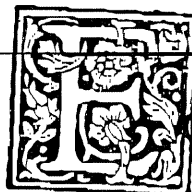
d. Signature of Authorized Representative

e. Date Signed

8-01-03

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AUG 05 2003

GMO, PMD-7

LATE

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102To: California
Clearinghouse
Fax: 916-323-3018

FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/25/03		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Rubicon Programs, Inc	Organizational Unit:
Address (give city, county, state, and zip code): 2500 Bissell Avenue Richmond, CA 94804 Contra Costa County	Name and telephone number of the person to be contacted on matters involving this application (give area code) Jane Fischberg, Deputy Director 510.231.3987

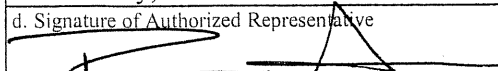
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div> DUNS # 293-290433	7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Non-profit</u> </div> </div>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: Social Security Administration
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANT NUMBER: <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">9</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">---</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">7</div> </div> TITLE: Homeless Outreach Projects and Evaluation	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application submitted is in response to announcement SSA-OPDR-03-02. Reaching Out to Assist Individuals who are SSA Eligible (RAISE) will provide SSI and SSDI disability application assistance, outreach and supportive services to chronically homeless adults, identifying individuals who are potentially eligible for benefits, providing assistance in the application process that results in faster claims decisions and a higher allowance rate, and improving the individual's quality of life by connecting the individual with services that will enhance stable housing, recovery and employment potential.
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Contra Costa County, California	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 01-01-04	Ending Date 02-28-05	a. Applicant 7 th	b. Project 7 th & 10 th

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$200,000 .00	a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>11/21/03</u>	
b. Applicant	\$10,000 .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$210,000 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative Rick Aubry, Ph.D.	b. Title Executive Director	c. Telephone number 510.231.3927
d. Signature of Authorized Representative 		d. Date Signed 11/24/03

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED <i>11/25/03</i>	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Trinity County Waterworks District #1	Organizational Unit: <i>WATER/SEWER DISTRICT</i>
Address (give city, county, State, and zip code): P.O. Box 217 Hayfork, CA 96041 Trinity County	Name and telephone number of person to be contacted on matters involving this application (give area code): Craig J. Hair, Jr. 530-628-5449

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6028239

7. TYPE OF APPLICANT: (enter appropriate letter in box) ☒ G

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
USDA RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-960

TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
*Purchase of Sewer Cleaning equipment
Purchase of repair supplies*

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Hayfork, Trinity, California

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date <i>11/25/03</i>	Ending Date <i>06/01/04</i>	a. Applicant <i>2</i>	b. Project <i>2</i>
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15. ESTIMATED FUNDING:

a. Federal	\$	50,000 ⁰⁰
b. Applicant	\$	00
c. State	\$	00
d. Local	\$	00
e. Other	\$	00
f. Program Income	\$	00
g. TOTAL	\$	50,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE *11/25/03*

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

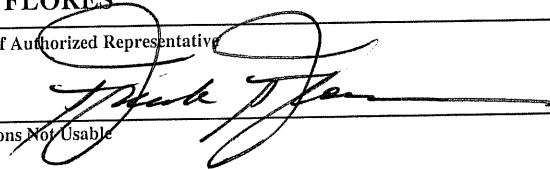
a. Type Name of Authorized Representative Craig J. Hair, Jr.	b. Title District Manager	c. Telephone Number 530-628-5449
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed <i>11/25/03</i>

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A – increase award A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 507 TITLE 49 U.S.C. § 5307		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City and County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2004 Capital Assistance – Amendment 04	
13. PROPOSED PROJECT Start Date 08-01-1998	14. CONGRESSIONAL DISTRICTS OF Ending Date 12/31/2006	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant

RECEIVED

NOV 24 2003

STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 43,627,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/19/2003</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 10,686,250.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 54,313,250.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative FRANK FLORES		b Title Deputy Executive Officer, Programming & Policy Analysis	c Telephone number (213) 922-2456
d. Signature of Authorized Representative 		e. Date Signed 11/19/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 3348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 		Applicant Identifier	
3. DATE RECEIVED BY STATE 		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Clearlake Environmental Action Network Address (give city, county, State, and zip code): Box 926, Clearlake Oaks, CA 95423 Lake County	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Holly Harris 707-998-0135
--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
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8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Technical Assistance for Sulphur Bank Mercury Mine Superfund Site

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Clearlake Oaks, Clearlake, Clearlake Park, Lake County, CA

13. PROPOSED PROJECT Start Date: 01/04/04 Ending Date: 01/04/07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 1 (CA) b. Project: 1 (CA)
--	--

15. ESTIMATED FUNDING:

a. Federal	\$	50,000	.00
b. Applicant	\$	39,500	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	89,500	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES: THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE: 11/19/2003
 b. No: ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Chuck Lamb	b. Title Executive Director	c. Telephone Number 707-998-0135
Signature of Authorized Representative 		e. Date Signed 11/19/03

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NOV 21 2003

STATE CLEARING HOUSE

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-8-03	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
5. APPLICANT INFORMATION Legal Name: City of Montague		Organizational Unit: Water Dept.																						
Address (give city, county, State, and zip code): P.O.Box 428 Montague, Siskiyou Co. CA 96064		Name and telephone number of person to be contacted on matters involving this application (give area code) Chris Tyhurst 530 459-5204																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000375		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">C</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): _____ </div> <div> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY:																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Storage Tank Construction																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City limits of Montague																								
13. PROPOSED PROJECT Start Date: 4-15-04 Ending Date: 9-30-04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: District 2 b. Project: District 2																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>493,485.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>40,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>533,485.00</td> </tr> </table>		a. Federal	\$	493,485.00	b. Applicant	\$	40,000.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	533,485.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	493,485.00																						
b. Applicant	\$	40,000.00																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	533,485.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Chris Tyhurst		b. Title Plant Supt.	c. Telephone Number 530 459-5204																					
d. Signature of Authorized Representative 		e. Date Signed 9-8-03																						

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

10/06/03

Applicant Identifier

RA 93-2

1. TYPE OF
SUBMISSION:

Application

☒ Construction

Preapplication

☐ Construction☐ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

City of Riverside

Address (give city, county, state, and zip code)

6951 Flight Road
Riverside, CA 92504
Riverside County

Organizational Unit:

Riverside Municipal Airport

Name and telephone number of the person to be contracted on matters involving this application (give area code)

John J. Sabatello
(909) 351-6113

EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 6 0 0 0 7 6 9

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ ☐

A Increase Award

B Decrease Award

C Increase Duration

D Decrease Duration Other (specify)

7. TYPE OF APPLICANT: (enter appropriate letter in box)

C

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Interdependent School District

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify)

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NOV 17 2003

9. NAME OF FEDERAL AGENCY

Federal Aviation Administration

STATE CLEARING HOUSE

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER

2 0 . 1 0 6

TITLE: Airport Improvement
Program (AIP)

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City and County of Riverside

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Pavement Rehabilitation of the Entire
Surface of Taxiway "A" and Five Connector
Taxiways at Riverside Municipal Airport.

13. PROPOSED PROJECT

Start Date

Ending Date

1/04

3/04

14. CONGRESSIONAL DISTRICTS OF

a. Applicant

43rd

b. Project

43rd

15. ESTIMATED FUNDING

a. Federal \$ 607,500 .00

b. Applicant \$ 37,125 .00

c. State \$ 30,375 .00

d. Local \$.

e. Other \$.

f. Program income \$.

g. TOTAL \$ 675,000 .00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS
a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. NO

☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If yes, attach an explanation☐ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS
AWARDEDa. Typed Name of Authorized Representative
George A. Caravalhob. Title
City Managerc. Telephone number
(909) 826-5761

d. Signature of Authorized Representative

e. Date Signed